# Municipal Form Form CPF M 102: Campaign Finance Report

Office of Campaign and Political Finance



Signed under the penalties of perjury:

| ributions and liabilities for this reporting period and represents the   | Candidate without Committee  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of my kn finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contribance activity of all persons acting under the authority or on behalf of this candidate in  |
|--|--|
| the requirements of M.G.L. c. 55. I have not received any contributions,   | Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best of my kn activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that are  |
|  | FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only)   |
| (Treasurer's signature) Date:  | Signed under the penalties of perjury:   |
| and liabilities for this reporting period and represents the campaign this requirements of M.G.L. c. 55.   | Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowle activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions a activity, including all persons acting under the authority or on-behalf of this committee in accordance with the authority of all persons acting under the authority or on-behalf of this committee in accordance with the authority of all persons acting under the authority or on-behalf of this committee in accordance with the authority of all persons acting under the authority or on-behalf of this committee in accordance with the authority of all persons acting under the authority or on-behalf of this committee. |
|  | Line 8: Name of bank(s) used: Citizens Bank  |
|  | Line 7: Total (all) outstanding liabilities (page 7)   |
| wa   | Line 6: Total in-kind contributions this period (page 6)   |
| 340.45   | Line 5: Ending Balance (line 3 minus line 4)   |
| S. TEL.OSS   | Line 4: Total expenditures this period (page 5, line 14)   |
| E1.052   | Line 3: Subtotal (line 1 plus line 2)  |
| Toos Or Constitution of the Constitution of th | Line 2: Total receipts this period (page 3, line 11)   |
| \$60.09  | Line 1: Ending Balance from previous report  |
| :NOITAMA   | SOMMARY BALANCE INFOR  |
| pional):   | Phone # (optional):  |
| Committee Mailing Address  | E-mail: E-mail:  |
| Name of Committee Treasurer<br>al Street, Suite 175 Arlington, MA 02476  | Office Sought and District  7 Centra   |
| Соппліцеє Мате   | Candidate Full Name (if applicable) Phillip Lo   |
| Je Arlington Committee   | Agb10Î]A   |
| after election year-end report dissolution   | Type of Report: (Check one)  Sth day preceding preliminary  Bth day preceding election 30 day  |
| Ending Date: 07-11-19  | Fill in Reporting Period dates: Beginning Date: 06-04-19   |
| File with: City or Town Clerk or Election Commission   | of Massachusetts   |

(Candidate's signature)

Date:

#### SCHEDULE A: RECEIPTS

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar

report all receipts. Please include your committee name and a page number on each nave.) (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

| ← Enter on page 1, line 2                                     |        | SECEIPTS IN THE PERIOD   |                     |
|---|--------|--|---------------------|
|   |        | ipts \$50 and under* (not listed above)  | Line 10: Total Rece |
|   | 005    | pts over \$50 (or listed above)  | Line 9: Total Recei |
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| AN A                      |        |  |                     |
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| Self-Employed   | 005    | Phillip Lohnes<br>22 Bartlett Ave Arlington, MA 02476  | 6102/20/90          |
| Occupation & Employer<br>(for contributions of \$200 or more) | JunomA | Nease include your committee name and a pag<br>Name and Residential Address<br>(alphabetical listing required) | Date Received       |

## SCHEDULE A: RECEIPTS (continued)

| <ul> <li>Enter on page 1, line 2<br/>include only those receipts not itemized above.</li> </ul>   |        |  |                      |
|---|--------|--|----------------------|
|   |        | ECEIDTS IN THE PERIOD  |                      |
|   |        | pts \$50 and under* (not listed above)                       |                      |
|   |        | over \$50 (or listed above)                                  | Line 9: Total Receip |
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| Occupation & Employer (for contributions of \$200 or more)  | JanomA | Name and Residential Address (alphabetical listing required) | Date Received        |

#### SCHEDNTE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| innomA         | Purpose of Expenditure                    | ssənbA   | ditures. Please include your com To Whom Paid (alphabetical listing) | Date Paid   |
|----------------|---|--|--|-------------|
| SZI            | gnisine                                   | 1600 K St. NW, Suite 803<br>Washington, D.C. 20006                   | Audience Partners  | 610Z 'Z ung |
| Z6·991         | Robo Calls                                | 2129 General Booth Blvd<br>Suite 103-277<br>Virginia Beach, VA 23454 | Коросепt, Іпс.   | 910Z,21 nul |
| 17.571         | Pdvertising                               | 1 Hacker Way<br>Menlo Park, California 94025                         | Евсероок   | 6105 ,t lut |
| S't            | Processing Fee                            | 190 Monroe Ave NW #500,<br>Grand Rapids, MI 49503                    | Transaxt   | 910Z 'I Int |
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| 220.13         | ver \$50 (or listed above)                | Line 12: Total Expenditures o  |  |             |
|                | ovods batel listed above)                 | Line 13: Total Expenditures \$5                                      |  |             |
| 520.13         | Line 14: TOTAL EXPENDITURES IN THE PERIOD |  | Enter on page 1, line 4 →  |             |

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

| bəziməii ton s  |                        | Line 14: TOTAL EXPENDITU, include them in line 12. Line 13 sh |                              | * If you have itemi |
|---|------------------------|---|------------------------------|---------------------|
|   |                        | Line 13: Expenditures \$50 and u                              |                              |                     |
|   |                        | Line 12: Expenditures over \$50                               |                              |                     |
|   | (ortodo betail 10)     | Line 12. Expenditures over \$50                               |                              |                     |
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|   |                        |   |                              |                     |
| JanomA  | Purpose of Expenditure | Address   | Dis Paid (27 paid mod Model) | Date Paid           |

above.

Page 5

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| THE 15: In-Kind Contributions over \$50 (or listed above)  Line 15: In-Kind Contributions over \$50 (or listed above)  Line 16: In-Kind Contributions over \$50 (or listed above) |          |
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| Meseived From Whom Received* Residential Address Description of Contribution Value  | <u>d</u> |

of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

|             | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) |         | Enter on page 1, line 7 → |              |
|-------------|--|---------|---------------------------|--------------|
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| JunomA      | Purpose                                      | Address | To Whom Due               | ste Incurred |